



Competency-Based Training: A “Learning by Doing” Approach

At the heart of the MNH Program’s training approach is an emphasis on continual practice, coaching, and evaluation to help participants master the knowledge, skills, and attitudes they need to provide skilled care.

Through the Program’s training, midwives, doctors, nurses, and other providers with midwifery skills gain the knowledge and clinical experience they need to safely and effectively maintain the health of mothers and their newborns.

Although the birth of a baby should be a joyous time in a family’s life, it becomes a time of mourning if a mother or her newborn dies. In many instances, however, maternal and newborn deaths could be prevented with care from a skilled provider. Using inexpensive, low-technology measures, skilled providers can intervene at critical times during pregnancy, childbirth, and the immediate postpartum period to ensure that women and newborns survive.

How does a provider become proficient in the many tasks that must be performed to ensure the well-being of women throughout the maternity cycle? The Maternal and Neonatal Health (MNH) Program uses an approach called competency-based training to teach essential obstetric skills to many cadres of healthcare professionals. Through the Program’s training, midwives, doctors, nurses, and other providers with midwifery skills gain the knowledge and clinical experience they need to safely and effectively maintain the health of mothers and their newborns.

Site Preparation

Before training can begin, MNH Program staff must select a clinical site, such as a district hospital or referral center, to host the training. Several weeks or months may be devoted to preparing the facility and staff to host and participate in the training process. The site chosen for a MNH Program training must have high enough patient volumes to provide the number and variety of experiences that participants need to achieve competency in basic skills. During site preparation, Program staff and staff at the clinical site work together on the following activities:

- Identifying someone in the facility to act as the Program’s counterpart during site development activities
- Establishing infection prevention practices

- Orienting staff at the site to “best practices” such as focused antenatal care and use of the partograph
- Developing and using clinical protocols
- Preparing staff at the site to deal with providers coming from outside their own institution
- Procuring basic instruments, medicines, and supplies

Participants in the trainings travel to the clinical training site, often from other countries in the region, to attend a 3-week program that includes a 1-week technical update course and a 2-week clinical skills standardization course.

Technical Update

New attitudes and problem-solving skills are just as important to participants’ training as learning clinical skills. During the MNH Program’s technical update, providers learn how to read and interpret the scientific literature so that their practice is based on the most current information available. They also spend long hours with classmates and facilitators in role plays that give them new insights into provider-client interactions and in clinical simulations that emphasize decision-making processes. This practice is especially important because participants may not come face-to-face with emergency events during their clinical training. With a facilitator at their side, they can use models and simulations to rehearse and perfect their performance in high-stress circumstances. Knowing when and how to use specific skills and being able to anticipate emergency situations is as important as performing the skill itself.

Clinical Skills Standardization

Standardization is a process through which a clinical activity, such as assisting a birth or treating shock, is broken down into a step-by-step procedure. Each

step is analyzed to determine the most efficient and safe way to perform and learn it. Then competency-based learning guides and evaluation checklists are developed to make learning the necessary steps or tasks easier and evaluating the learner's performance more objective. During their clinical training, participants follow these checklists to learn the new skill and trainers use the same checklists to evaluate the participants' progress. This process ensures that the method of learning a skill, derived from scientific evidence whenever possible, remains consistent among facilitators and participants from every region of the world.

Demonstrating Competency

The foundation of competency-based training lies in learning by doing, and the process is therefore an inherently time-consuming one. First, MNH Program trainers demonstrate skills on anatomic models using the steps developed during the standardization process. Next, the participants' knowledge, attitudes, and skills are objectively evaluated while the participants practice on models. Participants are coached by a facilitator before, during, and after practice so they are continually aware of progress and the need for improvement in performing specific steps of the activity. Finally, once participants have shown competency using models, they go to the clinical area to care for women and newborns, using the same system of coaching and evaluation.

The MNH Program requires that participants in a clinical skills standardization course demonstrate competency in a wide range of activities:

- Antenatal physical exam and counseling the pregnant woman about birth preparedness and complication readiness

- Use of a partograph as a clinical decision-making tool during labor
- Clean and safe childbirth, including active management of the third stage of labor
- Repair of episiotomy and lacerations
- Newborn resuscitation with a bag and mask
- Postpartum physical exam of mother and baby
- Management of postpartum hemorrhage and shock
- Management of pre-eclampsia/eclampsia

The competency-based training approach emphasizes intense practice and communication among participants and facilitators. A ratio of one facilitator to two to four participants is ideal to support this learning process. As a participant performs an activity, fellow participants act as assistants/observers, and the facilitator provides guidance in and evaluation of the skill while ensuring that the highest quality of care is provided to the client.

Followup and Further Training

More monitoring of participants and their activities takes place after the participants return to their home clinical sites. Facilitators make visits to the participants and again use evaluation checklists while observing participants with clients (or using anatomic models, if appropriate) to ensure that the knowledge, skills, attitudes, and clinical management abilities learned during their courses have been maintained, especially for emergency care of the mother and newborn.

In order to guarantee continuous training of providers in a region, many participants attend additional MNH Program trainings to become facilitators themselves, thus helping others to become competent in providing life-saving care to mothers and newborns.

Participants are coached by a facilitator before, during, and after practice so they are continually aware of progress and the need for improvement in performing specific steps of the activity.

For more information about the MNH Program visit our website:
www.mnh.jhpiego.org

This publication was made possible through support provided by the Nutrition and Maternal Health Division, Office of Health and Nutrition, Bureau for Global Health, U.S. Agency for International Development, under the terms of Award No. HRN-A-00-98-00043-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.